

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000055152		
1. Entity Name HOT SPOT AMUSEMENT ARCADE INC.		

Principal Place of Business 2732 S US HIGHWAY 1 FORT PIERCE, FL 34982	Mailing Address 2732 S US HIGHWAY 1 FORT PIERCE, FL 34982
---	---

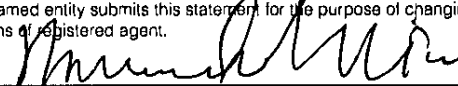
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
09 AUG 17 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



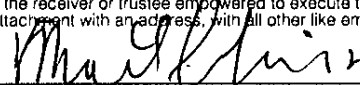
REINSTATEMENT 08-09

6. Name and Address of Current Registered Agent DANLEY, AMY 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983		7. Name and Address of New Registered Agent Name: Michael S. Coughlin Street Address (P.O. Box Number is Not Acceptable): 2732 South US-1 City: Fort Pierce FL Zip Code: 34982	
---	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE: 	DATE: 8-11-09

FILE NOW!!! FEE IS \$900.00	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------------------------	--	------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DANLEY, AMY 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Michael S. Coughlin 2732 S. US-1 Fort Pierce, FL 34982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANLEY, AMY 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Premy Kunwar V.P. 2732 S. US-1 Fort Pierce FL 34982 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PORTALE, CHRIS 1114 SW. HEATHER STR. PORT SAINT LUCIE, FL 34983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800159651738 08/17/09--01071--013 **900.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Michael Coughlin 8-11-09 772 467-0303	DATE: 8-11-09